

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-022698**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1473

**FILED MAY 27 1963**

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Clayton**

Length of stay in 1b  
**DOA**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Louis County Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Ballwin**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**201 Ramsey**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **JAMES**

Middle **NMI**

Last **MORELAND**

4. DATE OF DEATH

Month **May**

Day **4**

Year **1963**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **10-23-1942**

9. AGE (last birthday) **20**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**None**

10b. KIND OF BUSINESS OR INDUSTRY  
**None**

11. BIRTHPLACE (City and state or country)  
**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**William Moreland**

13b. MOTHER'S MAIDEN NAME

**Margaret Mary Staub**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**William Moreland 3529 Cambridge Ave. Maplewood 17, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Gunshot wound of the right chest with hemorrhage into the right pleural cavity**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☒ **Justifiable**

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

**Gunshot wound at hands of another person**

20c. TIME OF INJURY Hour **1000** p.m. Month, Day, Year **5/4/63**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**home of friend**

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

**St. Louis**

**Missouri**

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at **DOA Co. Hosp. 4:10 p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Raymond Ward**

22b. ADDRESS

**Clayton, Missouri**

22c. DATE SIGNED

**5/8/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**5-8-63**

23c. NAME OF CEMETERY OR CREMATORY

**Oak Hill Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis Co., Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**JAY B. SMITH, Maplewood, Mo.**

25. DATE RECD. BY LOCAL REG.

**5-6-63**

26. REGISTRAR'S SIGNATURE

**John B. Murphy**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED		
1 4002			
2 4015			
3 2			
4 0			
5 0			
6			
7 0			
8 1			
9 981X			
10			
11			
12 92-3			
13			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Barteau

Licensed Embalmer No. 4903

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.